

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	22698-702	Total Pages	
	First Inventor or Application Identifier		Leslie Cheong	
	Title	Method and Apparatus for Surrogate Control of Network-Based Electronic Transactions		
	Express Mail Label No.	EL341845773US		

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231		
<p>1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Specification <i>(preferred arrangement set forth below)</i></p> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed-Sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Detailed Description of the Drawings - Detailed Description - Claim(s) - Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) (37CFR 1.152) <i>[Total Sheets 60]</i></p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration (Unsigned) <i>[Total Pages 3]</i></p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 		<p>5. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i></p> <p>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy <i>(identical to computer copy)</i> c. <input type="checkbox"/> Statement verifying identity of above copies 		
ACCOMPANYING APPLICATION PARTS				
<p>7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>8. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>9. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>10. <input type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>13. <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Statement filed in prior application, Status still proper and desired</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>15. <input type="checkbox"/> Other: _____</p>				

**NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).*

16. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-in-part (CIP) of prior application No. ____/____

Prior application information: Examiner _____ Group/Art Unit: _____

For **CONTINUATION or DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		021971 <i>(Insert Customer No. or Attach bar code label here)</i>		<input type="checkbox"/> Correspondence address below
NAME				
ADDRESS				
CITY	STATE		ZIP CODE	
COUNTRY	TELEPHONE		FAX	

Name (Print/Type)	Richard L. Gregory, Jr.	Registration No. (Attorney/Agent)	42,607
Signature	<i>Richard L. Gregory, Jr.</i>	Date	5-26-00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.